**Confirmation of Funding for Consultant Applications**

This form should be completed and signed by the Regional Executive Officer (REO) of the respective Health Region.

Upon completion, this form should be submitted alongside all Consultant applications being submitted to the Consultants Division, NDTP for consideration by the Consultant Applications Advisory Committee (CAAC).

|  |  |
| --- | --- |
| **Name of Health Region:**  **Title of Consultant Post:**  **Principal Clinical Site: Hours per week:**  **Other clinical site(s): Hours per week:**  **New or Replacement:**  **If replacement, Is there a locum in place?:**  ***If Yes, provide name and date commenced***  **Name of Locum: Date locum commenced:**  **Funding Source for this post**  **Please provide specific details for the post and associated costs:.**   |  | | --- | |  |   **Hospital General Manager / CEO / Chief Officer Name:**  **Signature:** |

|  |  |
| --- | --- |
| ***For completion by Regional Executive Officer (REO)*** | |
| **Funding Details:** | |
| **Approved :** | |
| **REO Name:** | **Signature:** |
| **Date:** | |